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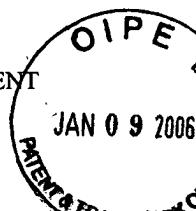
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21972 7590 10/03/2005

LEXMARK INTERNATIONAL, INC.
INTELLECTUAL PROPERTY LAW DEPARTMENT
740 WEST NEW CIRCLE ROAD
BLDG. 082-1
LEXINGTON, KY 40550-0999
01/10/2006 RFE/RM/DUE 00000039 121213 10766767

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 APPLICATION NO. 9.00 DR



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Lori Woods	(Depositor's name)
<i>Lori Woods</i>	(Signature)
1-3-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,767	01/28/2004	James D. Gilmore	2003-0097.02	3639

TITLE OF INVENTION: BACKUP BELT ASSEMBLY FOR USE IN A FUSING SYSTEM AND FUSING SYSTEMS THEREWITH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	01/03/2006
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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GRAINGER, QUANA MASHELL	2852	399-329000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stevens & Showalter LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lexmark International, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lexington, Kentucky

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1213 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature John J. McArdle

Date 1/3/06

Typed or printed name John J. McArdle

Registration No. 26,770

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